

Immunization Assessment Of Children 0-5 Years of Age, Due November 15, 2006

Name Of Child Care \_\_\_\_\_ License # \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address, City, Zip \_\_\_\_\_ Physical Address, City, Zip \_\_\_\_\_ Date of Report \_\_\_\_\_

Please use a separate page for each age group:

Circle the age group: 0-17 months (born on or after April 1, 2005) **OR** 18-60 months (born October 1, 2001 through March 31, 2005)

Name or I.D.	Date of Birth	DTaP/DTP/DT					Polio				MMR		Hib					Hepatitis A		Hepatitis B					Varicella		Exemptions		
		1	2	3	4+	Date Of Last Dose	1	2	3+	Date Of Last Dose	Date Of 1 <sup>st</sup> Dose	Date Of 2nd Dose	1	2	3	4	Date Of Last Dose	Date Of 1 <sup>st</sup> Dose	Date Of 2nd Dose	1	2	3	4	Date Of Last Dose	Date Of 1 <sup>st</sup> Dose	Place an "X" here if child has had chicken pox.			
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